

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555499	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/23/2024
NAME OF PROVIDER OR SUPPLIER Redwood Healthcare Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3145 High Street Oakland, CA 94619	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48616</p> <p>Based on observation, interview, and record review, the facility failed to trim and clean fingernails for three out of four sampled residents when Residents 30, 32, and 33 had long fingernails with dirty substances underneath them.</p> <p>This failure had the potential to result in Resident 30, Resident 32, and Resident 33's poor personal hygiene and risk for infection.</p> <p>FINDINGS:</p> <p>1a. During a review of Resident 30's Face Sheet, dated August 2024, the Face Sheet indicated, Resident 30 was admitted on [DATE] with diagnosis that includes Hemiplegia (the loss of muscle function on one side of the body) and Hemiparesis (a relatively mild loss of strength in the arm, leg, and sometimes face on one side of the body) and Diabetes (a long-term chronic disease in which the body cannot regulate the amount of sugar in the blood).</p> <p>During a review of Resident 30's Minimum Data Set (MDS, a resident assessment instrument used to identify resident care problems to be addressed in an individualized care plan) dated July 2024, the MDS indicated, Resident 30's Brief Interview for Mental Status (BIMS, a scoring system used to determine the resident's cognitive status in regard to attention, orientation, and ability to register and recall information) was 15 out of 15, indicating cognitively intact mental status. The MDS assessment also indicated, Resident 30 was dependent with personal hygiene.</p> <p>During a review of Resident 30's care plan titled Activities of Daily Living (ADL-are those needed for self-care and mobility and include activities such as grooming), dated October 2023, the care plan indicated, Resident had an ADL deficit related to Cerebrovascular Accident (CVA-also called a stroke, occurs when blood flow to a part of the brain stops) with hemiplegia .personal hygiene: dependent .groomed daily .adl needs will be met daily .assist with ADL as needed.</p> <p>During a concurrent observation and interview on 8/19/24 at 8:38 a.m. with Resident 30 in her room, Resident 30's fingernails were about 1/2 inch long with brown matter underneath her fingernails. Resident 30 stated she preferred short nails and clean, but no staff assist her in trimming her fingernails.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 8/19/24 at 8:45 a.m. with Certified Nursing Assistant (CNA) 1 in Resident 30's room, Resident 30's fingernails were observed. CNA 1 stated, Resident 30's fingernails were long and dirty. CNA 1 also stated Resident 30 had a diagnosis of Diabetes and licensed nurses (LN) were responsible to trim her fingernails.</p> <p>During a concurrent observation and interview on 8/19/24 at 10:05 a.m. with Registered Nurse (RN) 2 in Resident 30's room. RN 2 stated he worked at the facility as a treatment nurse and could also provide fingernail trimming to diabetic residents. RN 2 stated Resident 30's fingernails were long and dirty. RN 2 also stated fingernails should be trimmed and cleaned.</p> <p>1b. During a review of Resident 32's Face sheet, dated August 2024, the face sheet indicated, Resident was admitted on [DATE] with diagnosis of Disease of Spinal Cord (condition that cause damage and deterioration to the spinal cord. Spinal cord is a tubelike structure that consist of a bundle of nerves that extends from base of the brain and down the back that carries messages from the brain to the rest of the body).</p> <p>During a review of Resident 32's MDS dated [DATE], the MDS indicated, Resident 30's BIMS was 10 out of 15, indicating moderate impairment in mental status.</p> <p>During a review of Resident 32's care plan titled Activities of Daily Living (ADL), dated November 2023, the care plan indicated, Resident had an ADL deficit related to Spinal Cord Disease .personal hygiene: dependent .groomed daily .ADL needs will be met daily .assist with ADL as needed.</p> <p>During an observation on 8/19/24 at 7:54 a.m. in Resident 32's room, Resident 32's fingernails were 1/4 inch long with black colored matter embedded underneath his fingernails.</p> <p>During a concurrent observation and interview on 8/19/24 at 8:20 a.m. with CNA 1 in Resident 32's room, CNA 1 stated that Resident 30's fingernails were long and dirty. CNA 1 also stated Resident 32's fingernails should be trimmed and cleaned.</p> <p>During an interview on 8/19/24 at 10:20 a.m. with RN 1, RN 1 stated Resident 32's hands should be clean every day and fingernails should be trimmed as the need arises.</p> <p>1c. During a review of Resident 33's Face sheet, dated August 2024, the Face sheet indicated, Resident was admitted on [DATE] with diagnosis of Cerebral infarction (death of an area of brain tissue when a blocked blood vessel prevents delivery of an adequate blood and oxygen supply to the brain).</p> <p>During a review of Resident 33's MDS dated [DATE] , the MDS indicated, Resident 33's BIMS was 5 out of 15, indicating severe impairment in mental status. The MDS assessment also indicated, Resident 33 required a maximum assist in personal hygiene.</p> <p>During a review of Resident 33's care plan titled Activities of Daily Living (ADL) dated May 2023, the care plan indicated, Resident 33 had an ADL deficit .groomed daily .ADL needs will be met daily .assist with ADL as needed.</p> <p>During an observation on 8/19/24 at 8:10 a.m. in Resident 33's room, Resident 33's fingernails were 1/4 inch long with black colored matter embedded underneath his fingernails.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 8/19/24 at 8:15 a.m. with CNA 1, CNA 1 stated, Resident 33's fingernails were long and dirty. CNA 1 stated fingernails should be trimmed and cleaned when noted.</p> <p>During an interview on 8/22/24 at 9:06 a.m. with DON, DON stated she expected CNAs and LNs to check residents' fingernails during morning rounds. CNAs should provide nail care to non-diabetic residents and licensed nurses to diabetic residents if fingernails were long and dirty. DON stated that Residents fingernails should be trimmed and cleaned. DON also stated fingernails that left untrimmed and dirty could lead to infection when residents placed their hands in their mouth and skin breaks when residents scratched themselves.</p> <p>During a review of the facility's Policy and Procedures (P&P) titled, CARE OF FINGERNAILS/TOENAILS revised February 2018 was reviewed, the P&P indicated, The purpose of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections .nail care includes daily cleaning and regular trimming.</p> <p>During a review of the facility's Policy and Procedures (P&P) titled, Activities of Daily Living (ADL), Supporting revised March 2018 was reviewed, the P&P indicated, Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good grooming and personal hygiene.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>39291</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe storage of drugs and biologicals when:</p> <ol style="list-style-type: none"> 1. Outdated or expired medications were stored in the medication room 2. A discontinued medication, including food items were stored in the medication cart <p>These failed practices could contribute to unsafe medication use and storage in the facility.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a concurrent observation and interview on 8/19/24 at 11:24 a.m., with the Infection Preventionist (IP) present, in the facility's medication room, the IP stated that the following items should have been discarded or placed in the designated discontinued or discard box next to sink inside the medication room: <ul style="list-style-type: none"> 1 Tube Feeding Formula, use by date 3/23/24 1 Box of COVID-19 Test Kit containing 34 test cards, kit lot number 192047, expiry date 4/30/23 3 Boxes of Sample Specimen Collection Kits containing individually packaged tubes and swabs, expiry dates 11/9/22 1 first aid kit, expiry date 1/31/22 27 Dextrose 5% Injection Bags 250 ml (milliliter), expiry dates 1/1/24 6 Normal Saline Pre-filled Flush Syringes 10 ml, expiry dates 8/31/22 2 Normal Saline Pre-filled Flush Syringes 10 ml, expiry dates 9/30/22 1 Normal Saline Pre-filled Flush Syringes 10 ml, expiry date 11/30/23 2. During a concurrent observation and interview on 8/19/24 at 2:18 p.m., with Registered Nurse (RN) 1 present, the following items were stored on the third drawer, left hand side, of Medication Cart 1: <ul style="list-style-type: none"> 1 opened cough syrup bottle with no open date, name, or room number of resident 1 raspberry flavored yogurt cup 1 sugar free pudding cup <p>(continued on next page)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with RN 1 on 8/19/24 at 2:20 p.m., RN 1 stated the cough syrup bottle was for Resident 11, which was no longer used. RN 1 stated, the medication should be labeled with an open date, including name and room number of Resident 11. RN 1 stated the medication had to be labeled to ensure it belonged to Resident 11 and not given to another resident.</p> <p>During an interview with RN 1 on 8/19/24 at 2:24 p.m., RN 1 stated the yogurt and pudding cups should not be kept inside the medication cart and should have been discarded.</p> <p>Review of the facility's Policy and Procedures (P&P), titled, Storage of Medications, revision dated 4/2019, the P&P indicated, The facility stores all drugs and biologicals in a safe, secure, and orderly manner . The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner . Drug containers that have missing, incomplete, improper, or incorrect labels are returned to the pharmacy for proper labeling before storing . Discontinued, outdated, or deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed .</p>

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>48616</p> <p>Based on interview and record review, the facility failed to comply with Federal regulations related to the oversight of food service operations when the facility did not have a full-time dietician and the requirements were not met as specified in established standards (California Code, Health and Safety Code - HSC S 1265.4) for food service managers which required, employment of a full-time, qualified dietetic supervisor when the dietician was not full time.</p> <p>The lack of qualified, full-time person to supervise the Food and Nutrition Services Department had the potential to result in unsafe food practices and food borne illness for 43 residents eating facility prepared foods.</p> <p>Findings:</p> <p>According to the California Code, Health, and Safety Code - HSC S 1265.4: A licensed health facility shall employ a full-time, part-time, or consulting dietician. A health facility that employs a registered dietician less than full time, shall also employ a full-time dietetic services supervisor who meets the requirements of subdivision (b) to supervise dietetic service operations. Subdivision (b) includes the following: The dietetic services supervisor shall have completed at least one of the following educational requirements: (1) A baccalaureate degree with major studies in food and nutrition, dietetics, or food management and has one year of experience in the dietetic service of a licensed health facility. (2) A graduate of a dietetic technician training program approved by the American Dietetic Association, accredited by the Commission on Accreditation for Dietetics Education, or currently registered by the Commission on Dietetic Registration. (3) A graduate of a dietetic assistant training program approved by the American Dietetic Association. (4) Is a graduate of a dietetic services training program approved by the Dietary Managers Association and is a certified dietary manager credentialed by the Certifying Board of the Dietary Managers Association, maintains this certification, and has received at least six hours of in-service training on the specific California dietary service requirements contained in Title 22 of the California Code of Regulations prior to assuming full-time duties as a dietetic services supervisor at the health facility. (5) Is a graduate of a college degree program with major studies in food and nutrition, dietetics, food management, culinary arts, or hotel and restaurant management and is a certified dietary manager credentialed by the Certifying Board of the Dietary Managers Association, maintains this certification, and has received at least six hours of in-service training on the specific California dietary service requirements contained in Title 22 of the California Code of Regulations prior to assuming full-time duties as a dietetic services supervisor at the health facility. (6) A graduate of a state approved program that provides 90 or more hours of classroom instruction in dietetic service supervision, or 90 hours or more of combined classroom instruction and instructor led interactive Web-based instruction in dietetic service supervision. (7) Received training experience in food service supervision and management in the military equivalent in content to paragraph (2), (3), or (6).</p> <p>During an interview on 8/19/24 at 9:10 a.m. with Dietary Supervisor (DS), DS stated she was the supervisor for the kitchen and worked with the facility as a supervisor for a year.</p> <p>(continued on next page)</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 8/19/24 at 9:30 a.m. with Registered Dietician Nutritionist (RDN), RDN stated she worked at the facility part time, once a week for 8 hours.</p> <p>During an interview on 8/22/24 at 10:00 a.m. with DS, DS stated she did not have a Dietary Manager Certification. DS also stated that she was currently enrolled and working on courses to obtain her certificate.</p> <p>During a review of facility's job description titled Dietary Supervisor revised 03/17/21, the job description indicated, Position Summary .Responsible for assisting in planning, organizing, developing and directing overall operation of Dietary Department in accordance with current applicable federal, state, and local standards, guidelines and regulations.</p>

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>45091</p> <p>Based on observation, interview, and record review, the facility failed to provide 27 of 43 residents in resident Rooms A, B, C, D, E, F, G, H, and I with at least 80 square (sq) feet (ft) of living space per resident.</p> <p>This failure had the potential to result in a lack of sufficient space for the provision of care by facility staff, and lack of sufficient space for residents to have personal belongings at the bedside.</p> <p>Findings:</p> <p>During a record review of the Client Accommodations Analysis, dated 8/19/24, the following resident rooms and corresponding square footage were identified:</p> <p>Room A was a total of 216.2 sq. ft. and had three beds making 72 sq. ft. of space per resident.</p> <p>Room B was a total of 214.28 sq. ft. and had three beds making 71.42 sq. ft. of space per resident.</p> <p>Room C was a total of 216.04 sq. ft. and had three beds making 72 sq. ft. of space per resident.</p> <p>Room D was a total of 217.04 sq. ft. and had three beds making 72.34 sq. ft. of space per resident.</p> <p>Room E was a total of 217.88 sq. ft. and had three beds making 72.62 sq. ft. of space per resident.</p> <p>Room F was a total of 215.19 sq. ft. and had three beds making 71.73 sq. ft. of space per resident.</p> <p>Room G was a total of 218.18 sq. ft. and had three beds making 72.72 sq. ft. of space per resident.</p> <p>Room H was a total of 218.57 sq. ft. and had three beds making 72.85 sq. ft. of space per resident.</p> <p>Room I was a total of 220.96 sq. ft. and had three beds making 73.65 sq. ft. of space per resident.</p> <p>During random observations of care and services from 8/19/2024-8/22/2024, there was sufficient space for the provision of care for the residents in all rooms. There was no heavy equipment kept in the rooms that might interfere with resident care and each resident had adequate personal space and privacy. There were no complaints from residents regarding insufficient space for their belongings. There were no negative consequences attributed to the decreased space and/or safety concerns in the 9 rooms. Recommend granting room size waiver.</p>		